



## The Church-Based Health Fair as Loving (and Threatening) Presence

At a church-based community health fair that our congregation recently cosponsored, it struck me that a \$600 monthly insurance premium (and \$25 co-payments) could not buy the kind of care that folks were experiencing free of charge that day. Amidst Latin rhythms and colorful balloons, visitors were warmly greeted at the door, given a medical clipboard, and oriented in their native tongue. Sending their children upstairs to the adult-supervised activity room, guests were personally escorted to the primary screening area to measure body mass, blood pressure, and glucose levels. With minimal waiting time, medical personnel administered the screenings, answered questions, and documented the outcomes on each person's chart. Each patient then met with a registered nurse who, upon reviewing the chart, provided immediate counsel, directed them to a diabetic specialist, or sent them directly to an onsite physician to address high-risk cases. Those experiencing pain, shortness of breath, or other alarming symptoms saw the doctor immediately.

With initial examinations completed, guests then had their teeth checked and eyes examined. Patients evidencing tooth decay received counsel on hygiene strategies and then met with a low-cost clinic representative across the room. Nearsighted individuals were referred to a local optometry school to apply for free prescription glasses. Physical therapists analyzed the posture of those

experiencing back pain and suggested corrective exercises. Others received immediate massage therapy or acupuncture. Health professionals were on hand to answer questions about prescription drugs, breast cancer exams, smoking-cessation programs, and community clinics. Lastly, individuals brought their concerns to church ministers who provided prayer and counsel. All of this took place in an old urban church building, in a few short hours, involving a good-sized band of uncompensated congregation members, professionals, and partnering community agencies.

With no illusion that church-based health fairs are the answer for the nation's growing number of uninsured, the event was nonetheless a picture of what care looks like when the gospel is the starting point. To illuminate this, it is perhaps helpful to consider some questions that our society has raised: How do we make sure that health benefits are not going to those who are a "drain to the system"? Are those receiving services legal residents? Can they provide documentation to prove it? If not, are they at least capable of making an able-bodied contribution to the economy? How do we provide healthcare for the less fortunate without compromising the best possible care for those who can afford it? Shouldn't those who have succeeded financially have access to the most advanced technologies? Are the medical services being provided going to get reimbursed? Which folks pose the greatest insurance risk? How do we minimize our exposure to malpractice suits? Are market forces given the freedom necessary to enable the healthcare industry to thrive? How do we provide drug benefits while assuring pharmaceutical companies the ability to continue investing in research for new drugs?

Driven by the bottom line, kneeling before the idol of personal entitlement, America leads the world in healthcare spending while leaving 44 million (and growing) without any health insurance.

On the Sunday morning leading up to our health fair, our pastor gave us this simple and profound charge: "I want to draw a distinction if I can, between a project and a presence. It's tempting to do something like this as a project, but God has called you to be a presence. In relationship with our brothers and sisters...we have the opportunity, the rare privilege, of being the presence of the living God in a community that needs what we are offering them...not merely healthcare, but God's love. So I charge you in that direction and commission you to go and be the presence of God."

Freed by the gospel to love as God loves, the church asks an entirely different set of questions: How will God be experienced when people enter our doors? Are we receiving those that our government views with suspicion, that the state deems an economic liability? Am I working side by side with my brothers and sisters, and collaboratively with secular agencies, in a manner that judges the territorial reflexes of a competitive culture? Will our approach to healthcare serve as an indictment of a system of care held captive to the unredeemed logic of capitalism and individualism? Does our ministry among the poor and sick reflect submission to the reign of God, over and against all other powers and authorities?

With the gospel as our starting point, we will relate to people in ways diametrically opposed to that of the systems and structures that claim to serve them. Thus, in the simple act of hosting a health fair, the church can be a presence as peculiar in its love as it is threatening in its allegiance. ■

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